PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This con appropriate. All further con indicated unless corrected of maintenance fee notification.	m should be used for tran espondence including the closed discrete otherwise s.	nsmitting the ISSU Patent, advance or in Block I, by (a	JE FEE and PUBL rders and notification a) specifying a new	ICATION FEE (if request of maintenance fees correspondence address	uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
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AUSTIN, TX 78759 08/15/2006 RMEBRAH1 00000024 10790516				Reina R	. Berufeld	(Depositor's name)
			Leina P. Bernyeld		(Signature)	
02 FC:1504	L FC:1501 1400.00 OP 2 FC:1504 300.00 OP				august 10, 2006	
APPLICATION NO.	FILING DATE		FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/790,516 TITLE OF INVENTION: N		· · · · · ·		CE AND HIGH DYNA	<b>_</b>	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	provisional NO \$1400		0	\$300	\$1700	09/05/2006
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LE, LA	2618		455-127000			
CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 o. Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion EE		data will appear on T a substitute for file (B) RESIDENCE:	•• /	nee is identified below, the o	document has been filed for
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the patent)	: 🗆 Individual 🗘	orporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayment of the posit Account Number (enclose an extra copy of this form						edit any overpayment, to ra copy of this form).
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